12/12/22, 4:55 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220004179483)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC Account Number : I2014000084 Phone : (305)541-3980

. (786)713-1940 Fax Number

Enter	the	email.	address	for	this	busin	ess	entity	to	be	used	for	future
an	nual	report	mailín	gs.	Enter	only	one	email	add	ness	s ple	ase.	**

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ULISES PUIGGROS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

C. BRUMBLEY

() 32 نزز ÷

DEC 1 4 2022

Electronic Filing Menu Corporate Filing Menu

Help

H22000417948 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ULISES PUIGGROS LLC		
Clause of the Limit	rd Liability Company as it new appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document number L220003128		07/13/2022	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability company her	Œ:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the do	signation "LLC" or the ab	brovistico "L.L.C."
Enter new principal offices address, if applica		_	20 21
(Principal office address MUST BE A STREE	TADDRESS)		<b>22</b> 1
			- E
			3
Enter new mailing address, if applicable:			$\mathcal{O}_{\mathcal{F}}$
(Mailing address MAY BE A POST OFFICE I	10X)		
			200
<ul> <li>B. If smending the registered agent and/or respect and/or the new registered office address</li> </ul>	gistered office undress on our rec <u>there</u> :	ords, enter the name	of the new registered
Name of New Registered Agent:	Soledad Mendoz	a-Pulggrös	7 
New Registered Office Address:	9711 Costa del	501 Blud	- · · · · · · · · · · · · · · · · · · ·
	Enter Florida	street address	<del></del>
	Doral	Florida 3	3178
Non Bankstand Acaus? Clamana te hand n	City	·	Zip Code

## New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

H22000417948 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	PUIGGROS. ULISES	9711 DOSTA DEL SOL BLVD	
		DORAL, FL 33178	Remove
			☑Change
MGR_	MENDOZA PUIGGROS, SOLEDAD	9711 COSTA DEL SOL BLVD	🗹 Add
		DORAL, FL 33178	
			Change
<del></del>			□Add
			Remove
<del></del>		<del> </del>	LIAdd
			□Remove
·			
			∐Remove
			☐ Change
<u> </u>			□Add
			UChange

2022

Signature of a member or authorized representative of a member

MENDOZA PUIGGROS, SOLEDAD
Typed or printed name of signee

DECEMBER 9TH

Dated

H220004179483